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Written Testimony before the Aging Services Committee

Elizabeth B. Ritter on behalf of the State Department on Aging

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Senator Flexer, Representative Serra, Senator Kelly, Representative Bolinsky and distinguished members of the Aging Committee. My name is Betsy Ritter. I am the Acting Commissioner of the State Department on Aging. I am here today to offer testimony in support of SB 290: AN ACT CONCERNING PATIENT-DESIGNATED CAREGIVERS and HB 5455: AN ACT CONCERNING FAMILY CAREGIVERS.

As the State Department on Aging, we know that most older residents want to live independently at home. There are more than 700,000 family caregivers in CT providing daily care and support to their loved ones so that they may stay in their homes longer. According to a survey by AARP, 61% of CT residents age 40 and older are currently providing or have provided unpaid care to an adult loved one who is ill, frail, elderly or has a physical or mental disability. This number will rise as the baby boomers continue to age. The value of this unpaid care is in the billions of dollars. The Department supports family caregivers through our National Family Caregiver Support Program.

In 2013, our Caregiver program, with our community partners, provided over 12,000 units of respite services to caregivers, which provided caregivers with a break from their caregiving tasks, which can be overwhelming. We also served 14,000 caregivers, assisting them with accessing care and information to meet the needs of their loved one.

When a loved one is leaving the hospital, family caregivers are often the ones providing support at home with medication management, injections, wound care and transfers. A patient's success to safely transition from a hospital to their home is often dependent upon the informal supports that surround them. With the proper tools and basic instructions to do this, there will be a safer transition for the patient back to their home.

We support the patient's choice to designate a caregiver so that: 1) the caregiver be informed of discharge to another facility or back home; 2) the hospital consults with the caregiver about his/her ability to provide the care, treatment of services that the loved one requires; and 3) the hospital offers the family caregiver an opportunity to receive



instruction on the medical/nursing tasks they will need to perform at home, including an opportunity for live demonstrations, and allow time for questions.

Thank you for your time and consideration. I am looking forward to the opportunity to work together on this legislation as it moves forward.

